

DEPARTMENT OF EDUCATION
CERTIFICATION OFFICE

FINGERPRINT REGISTRATION FORM

NAME: _____ TELEPHONE #: _____

ADDRESS: _____ E-MAIL: _____

SS#: _____

The registration fee for fingerprinting is **\$55.00**. Please submit a **money order** in the amount of \$55.00 payable to Treasurer, State of Maine. We do not accept personal checks for this purpose.

You may elect to use MC, VISA or DISCOVER to pay the \$55.00 fee. Please check card type and enter correct credit card information.

MC ____ VISA ____ DISCOVER ____ EXPIRATION DATE _____

VALIDATION #: _____ (3-digit security # on back of card)

ACCOUNT NUMBER _____

Cardholder Signature Required: _____

Please list at least three choices of fingerprint sessions that you wish to register for starting with your first choice. List date and location.

1. _____

2. _____

3. _____

Once we receive your information and you have been registered, we will mail you your confirmation number along with directions to the site. If you have any questions, please feel free to contact us at (207) 624-6603.

MAIL FORM TO: Department of Education, Certification Office, 23 State House Station,
Augusta, ME 04333-0023